FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est time per response 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	tion															
Name and Mailing Address of	_	espondent														
Volcano Telephone Company P.O. Box 1070 Pine Grove, CA 95665													Check here if this is a change of address.			
2. Year Report Filed 3. Reporting Period (Ending Date of Pay 4 Number of Full-Time Employees during Selected												1				
2019				overed by Re 5/2019	port)	Reporting Period (check one) a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)										
SECTION II - Full-Time Empto	yees	s														
Job Categories									iber of Emplo ovees in only)					
		Race/Ethnicity														
			anic or	Not-Hispanic or Latino												
		Latino		Maie							Female					Columns A - N
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Nalive	Two or more races	1
Ų		А	В	С	D	E	F	G	Н	II.	J	к	Ĺ	M	N	0
Executive/Senior Level Officials and Managers	1.1		1	4						Ę						6
First/Mid-Level Officials and Managers	1.2		1	2						E						4
Professionals	2			5						Ų						6
Technicians	3	2		U												13
Sales Workers	4		1	Ĭ												2
Administrative Support Workers	5		2	4					ä	13						20
Craft Workers	6	2		23			1.	3		T						30
Operatives	7			1												1
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	4	5	51	(I.	0	ï	3	(1)	17	0	Ø	0	0	0	82
PREVIOUS YEAR TOTAL	11	3	5	50			Ě	3	1	18						81

SECTION III - Part-Time Empl	oyees.																	
		Number of Employees (Report employees in only one category)																
Job		Race/Ethnicity																
Categories	Hispanic or Latino			Not-Hispanic or Latino														
					Ma	ile					Fer	Female						
	Male	Female	White	Black or African American	Native Hawaiian or Olher Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	Arnerican Indian or Alaska Native	Two or more races				
	A	В	С	D	E	F	G	Н	1	J	К	L	M	N	0			
Executive/Senior Level Officials and Managers	1 1														0			
First/Mid-Level Officials and Managers	1.2														0			
Professionals	2														0			
Technicians	3		I,												U			
Sales Workers	4														Ö.			
Administrative Support Workers	5								1						r			
Craft Workers	6														()			
Operatives	7								1						1			
Laborers and Helpers	8														0			
Service Workers	9														0			
TOTAL	10 0	0	Ī.	0	0	.0	0	0	2	0	0	0	0	0.	3			
PREVIOUS YEAR TOTAL	11		Ü						2						3			
SECTION IV - Report of Discr	imination Cor	nplaints Pursu	ant to 47 CFI	R 22.321, 23.	55, 90.168, 10°	i.4, and 101	.311.		1	1								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																		
SECTION V - Certification I certify that to the best of my ki	nowledge infor	mation, and be	ief. all statem	ents in this re	ood are true a	nd correct												
		ed Name of Pers		The state of the s	por use tide d	Signature					Telephone No.							
5-16-2019														(209) 296-1408				
Title of Person Signing				WILLFULLY										1) AND/OR R	EVOCATION			
Director of Admin	Title of Person Signing Director of Administration/Human Resource WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).																	